

Registration District No. 24 1942 399

Primary Registration District No. 1002

1. PLACE OF DEATH: Jackson
(a) County: Kansas City
(b) City or town: (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2430 Woodland
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 57 years (Specify whether years, months or days)
In this community: years, months or days

3. (a) PRINT FULL NAME: ELIZA M. COLLIER
3. (b) If veteran, None
3. (c) Social Security No. None

4. Sex: Fe 3
5. Color or race: Col
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Morgan Collier
6. (c) Age of husband or wife if alive: 85 years
7. Birth date of deceased: November 27, 1857 (Month) (Day) (Year)

8. AGE: Years 84 Months 22 Days 22 If less than one day hr. min.

9. Birthplace: Paris Missouri (City, town, or county) (State or foreign country)

10. Usual occupation: At Home

11. Industry or business:

12. Name: Jacob Vanmeter
13. Birthplace: Unknown (City, town, or county) (State or foreign country)
14. Maiden name: Lurena (City, town, or county) (State or foreign country)
15. Birthplace: Virginia (City, town, or county) (State or foreign country)

16. (a) Informant: Belle Edwards
(b) Address: 2430 Woodland

17. (a) (Burial, cremation, or removal): burial (b) Date thereof: 12/22/41 (Month) (Day) (Year)
(c) Place: burial or cremation: Highland Cemetery

18. (a) Signature of funeral director: Harkins Bros
(b) Address: 1729 Lydia
(c) Date received local registrar: 12/22/41 (Date received local registrar)

19. (a) (Date received local registrar): 12/22/41 (b) M. M. Brown (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 048
(c) City or town: Kansas City (If outside city or town limits, write "RURAL")
(d) Street No.: 2430 Woodland (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country: M

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: 12-19-41 day: 19 year: hour: minute: M.

21. I hereby certify that attended the deceased from 8:00 a.m. to 12:00 p.m. on 12-19-41, in that I saw him alive on the date and hour stated above. and that he died on the date and hour stated above. Immediate cause of death: Duration

Due to: Pulmonary

Due to: 50

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations: Carcinoma of heart

Of autopsy:

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur: (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work: (Specify type of place) (a) Means of injury: 3

23. Signature: M. M. Brown (M. D. or other)
Address: K.C. Mo. Date signed:

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____
working under my personal supervision.

Signed _____

Registered Apprentice No. _____

Licensed Embalmer No. 3994

P. O. Address 2503 Highland

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.